

# California Tobacco Control update

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California Department of Health Services / Tobacco Control Section  
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**TOBACCO CONTROL SECTION**

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This document was prepared in response to an invitation to participate in the 11th World Conference on Tobacco OR Health in August 2000 in Chicago, Illinois. The Tobacco Control Section was invited by the American Cancer Society, the American Medical Association, and the Robert Wood Johnson Foundation to share its experience in tobacco control in a series of panel discussions. These panels are designed to motivate and empower all those involved in the anti-tobacco movement to effectively support global efforts aimed at reducing world tobacco use.

This document is a free-standing adjunct to these presentations.

## CALIFORNIANS WANT A TOBACCO-FREE CALIFORNIA

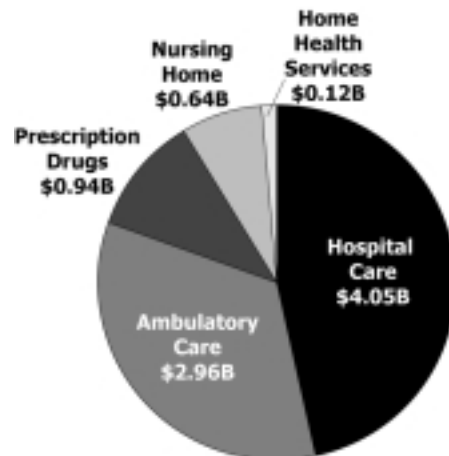
In November 1988, California voters approved the Tobacco Tax and Health Protection Act of 1988 (Proposition 99). The enabling legislation for this act established the California Tobacco Control Program (CTCP), the largest tobacco control program in the world.<sup>1</sup> The CTCP has touched the lives of every Californian, through statewide mass media campaigns and community programs designed

and implemented by local health departments, community coalitions, community-based organizations, and regional and statewide agency networks. In addition to hundreds of trained and experienced public health workers, thousands of adult and youth volunteers have contributed to this effort. After a decade, public support for tobacco control in California remains strong.

## TOBACCO ADDICTION COSTS CALIFORNIANS

In fiscal year 1998/1999, California smokers spent about \$3.8 billion on cigarettes,<sup>2</sup> only a fraction of the true costs of tobacco addiction in the state. Each year approximately 42,000 Californians die prematurely because they smoked.<sup>1</sup> Additionally, the cost of treating and caring for Californians suffering from illnesses caused by smoking reached \$8.7 billion in 1993, the highest amount among all states in the nation.<sup>3</sup> Premature death due to smoking shortened the average life of a California smoker by more than 15 years.<sup>4</sup>

**Figure 1—Smoking Attributable Expenditures by Type of Expenditure**



Source: Miller et al., 1996; Table 3

## CALIFORNIA BATTLES THE TOBACCO INDUSTRY

The primary goal of the California Tobacco Control Program is to prevent tobacco-related disease and death in California by reducing the use of tobacco and protecting smokers and non-smokers alike from exposure to second-hand tobacco smoke. The program employs a social norm change approach to “indirectly influence current and potential future tobacco users by creating a social milieu and legal

climate in which tobacco becomes less desirable, less acceptable, and less accessible.”<sup>5</sup>

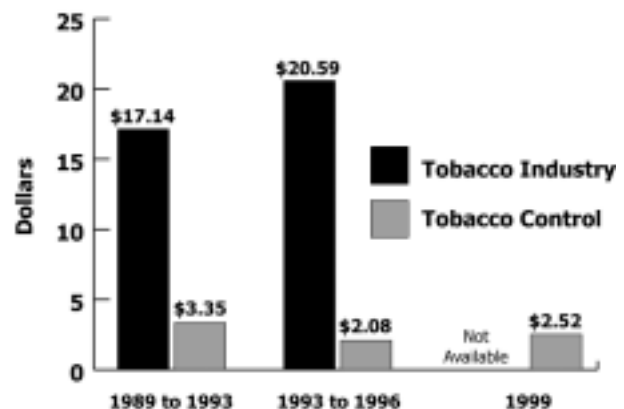
Program goals are accomplished by focusing resources in three priority areas: countering the tobacco industry’s pervasive influence and aggressive product promotion; promoting and supporting policies that prevent exposure to secondhand smoke; and reducing illegal sales and ease of access to tobacco. The program

also supports tobacco use prevention efforts with youth and other vulnerable population groups, community-wide efforts to change public attitudes and behaviors, and cessation services for smokers who wish to quit.

During the early years of the program (1989 through 1993), the tobacco industry annually spent over five times the amount on tobacco advertising and promotions in California that the CTCF spent each year on interventions to reduce tobacco use.<sup>6</sup> This disparity in spending grew to a ratio of nearly 10-to-1 in the 1993 through 1996 period.<sup>6</sup> Although current (1999–2000) per capita expenditures have increased to \$2.52, throughout the past decade the CTCF per capita budget has remained considerably below the \$5.12–\$13.71 per capita range recommended by the Centers for Disease Control (CDC) for funding an effective statewide tobacco control program in California.<sup>7</sup> Yet, despite being considerably outspent by the tobacco industry and under-

funded according to Federal “best practices” standards, CTCF efforts have reduced tobacco use and helped to produce substantial short- and long-term improvements in the health and well-being of all Californians.

**Figure 2—Tobacco Industry versus Tobacco Control in Annual Per Capita Spending**



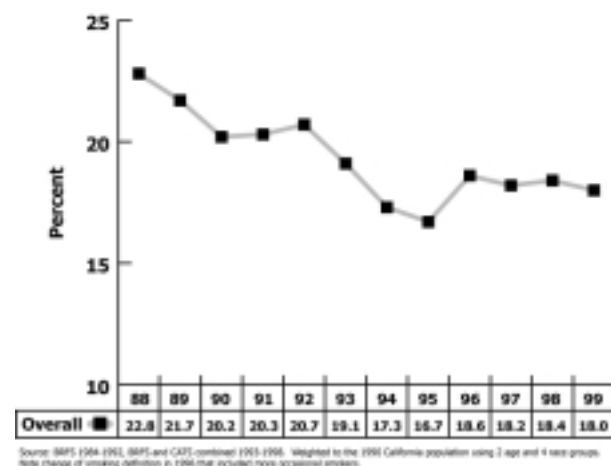
Source: Pierce JP, et al. Tobacco Control in California: Who's Winning the War? An Evaluation of the Tobacco Control Program, 1989–1996. La Jolla, CA: University of California, San Diego, 1998.

## CALIFORNIANS ARE SMOKING LESS

From the 1988 passage of Proposition 99 to 1993, adult smoking prevalence in California declined at nearly twice the rate of the remaining US.<sup>9</sup> Since the passage of Proposition 99, adult smoking prevalence in California went from about 11% lower than the rest of the nation to 20% lower in 1996.<sup>9</sup> There are now about 1 million fewer smokers in California than would have been expected before Proposition 99.<sup>8</sup>

In 1988, the year Proposition 99 was approved, about 23% of California adults smoked. Smoking prevalence subsequently declined to about 17% in 1994/1995, and then

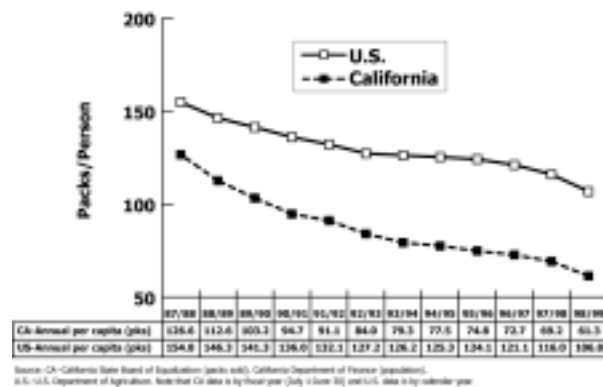
**Figure 3—Smoking Prevalence among California Adults 1988–1999**



Source: BRFSS 1984–1993, BRFSS and CAHS combined 1993–1996. Weighted to the 1996 California population using 2 age and 4 race groups. Note: change of smoking definition in 1996 that included more occasional smokers.

rose to about 18% in 1996 (primarily because of a change in the definition of “current smoker”), where it continued substantially unchanged through 1999. That year there were about 4.3 million smokers in the state.<sup>8</sup> Since 1996 there have been no significant changes in adult smoking prevalence overall or in the major race/ethnicity groups, other than a small decline among African Americans.

**Figure 4—Adult Per Capita Consumption**



Overall, per capita cigarette consumption in California has fallen by more than 50% since the passage of Proposition 99.<sup>10</sup> Because of Proposition 99, California’s historical rate of decline in cigarette consumption has tripled, reaching a low of 61.3 packs per capita consumed in 1998–1999.<sup>10</sup> In contrast, the US packs per capita consumption was 106.8 in 1999.<sup>11</sup> From 1989 to 1996 an estimated 2 billion fewer packs of cigarettes have been sold in California, which has cost the tobacco industry about \$3 billion in lost sales.<sup>6</sup>

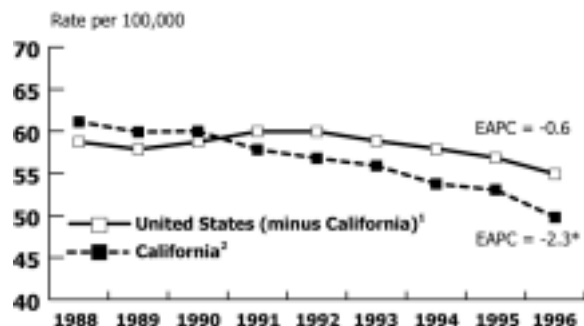
Smokers are trying to quit. Seventy percent of adult smokers reported that they have tried to quit.<sup>12</sup> In 1996, 50% of California adult smokers reported that they had succeeded in quitting for at least seven days. This represents

a 20% increase in the seven-day quit success rate over the 1990 rate of 41.4%.<sup>6</sup>

Among smokers who have seen their doctor in the previous year, nearly half (48.7%) report that they were advised to quit smoking, 12% received a suggested quit date, and 7.5% were given a prescription to assist them in quitting.<sup>13</sup> The California Smokers’ Helpline has served more than 100,000 smokers since its inception in 1992.<sup>14</sup>

Smoking-related diseases are on the decline. Although it typically takes 10 to 15 years for the effect of population-wide changes in smoking to impact the incidence of smoking-related cancers, reductions in the incidence of heart attack, stroke, and low-weight births have already resulted from the accelerated decline in smoking among Californians.<sup>15, 16</sup> Moreover, California’s lung and bronchus cancer incidence is already declining at a significantly higher rate than that seen elsewhere in the nation.<sup>17</sup> This suggests that far greater declines in smoking-related cancers will be seen in a few years when the full impact of reductions in smoking in the 1990s takes effect.

**Figure 5—Lung and Bronchus Age-Adjusted Cancer Rates**



<sup>1</sup>United States (Surveillance, Epidemiology, End Results [SEER]) includes the following registries: Connecticut, Detroit, Hawaii, Iowa, New Mexico, Seattle, Utah, and Atlanta. Los Angeles and San Francisco-Oakland has been excluded.

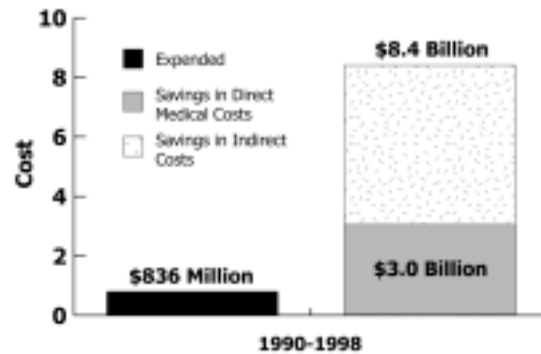
<sup>2</sup>California Cancer Registry, California Department of Health Services (11/99).

<sup>3</sup>Estimated annual percentage change (EAPC) is significantly different from zero ( $p < 0.01$ ).

## TOBACCO CONTROL IS COST EFFECTIVE

Savings from the California Tobacco Control Program between 1990 and 1998 amounted to an estimated \$8.4 billion in smoking-attributable direct and indirect costs. In avoided direct medical costs alone, the program saved an estimated \$3.02 billion dollars, or \$3.62 for every dollar spent on the program.<sup>18</sup> Short-term savings are nearly equal to the cost of operating the program.<sup>15, 16</sup>

**Figure 6—Savings Attributable Direct and Indirect Costs**



Source: DHS/YCS Data Analysis and Evaluation Unit, 1999.

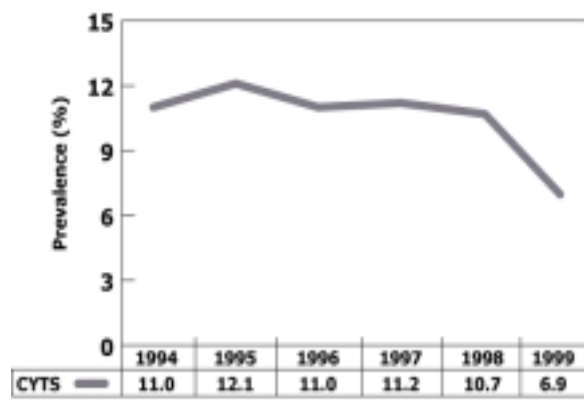
## CALIFORNIA YOUTH SMOKING IS DECLINING

Youth smoking rates are on the decline. Since 1995, youth smoking in California (12–17) has declined by 43%—down from 12.1% in 1995 to 6.9% in 1999 (see Figure 7). From 1998 to 1999 alone, prevalence decreased by 35.5%. It is likely that much of this one-year drop was caused by the 40% increase in the

price of cigarettes that occurred in California in 1999. In general, there has been little difference between male and female smoking rates over the years in California.<sup>19</sup>

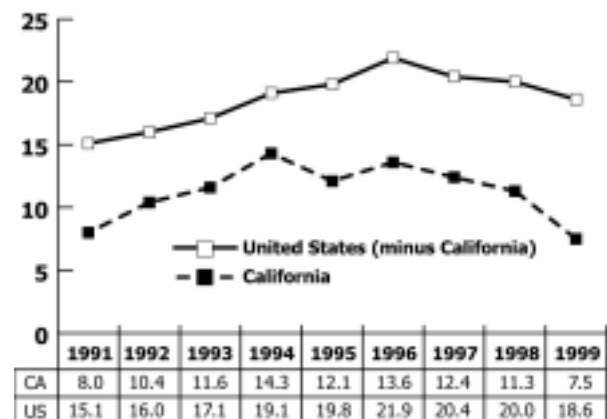
It is widely known that estimates of youth smoking prevalence from a telephone survey,

**Figure 7—30-Day Smoking Prevalence among Californian Youth Age 12–17, 1994–1999**



Sources: 1994–1998 CYTS weighted to 1990 California population with 4 race and 3 age groups.

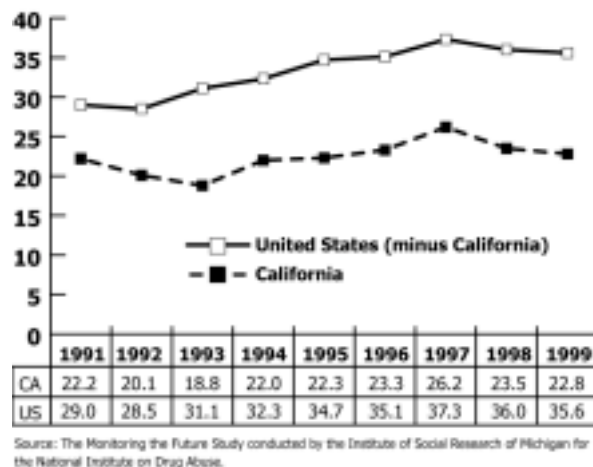
**Figure 8—30-Day Smoking Prevalence among 8th Graders for California and the US minus CA, 1991–1999**



Source: The Monitoring the Future Study conducted by the Institute of Social Research of Michigan for the National Institute on Drug Abuse.

like those in Figure 7, tend to be much lower than estimates from a classroom-administered survey of the same population. The Monitoring the Future survey, a classroom administered survey, provides data that allow a comparison of California youth smoking rates from 1991 to 1999 with those for the rest of the country. As shown in Figures 8 and 9, youth smoking in California has been substantially lower than in the rest of the nation. Moreover, the trends show that youth smoking in California is declining at a greater rate than in the rest of the state.<sup>20</sup> A steady upward trend was seen in California and nationally across grade levels from 1993 to 1997. However, from 1996 to 1999, the 30-day smoking prevalence among 8<sup>th</sup> graders decreased 45% in California com-

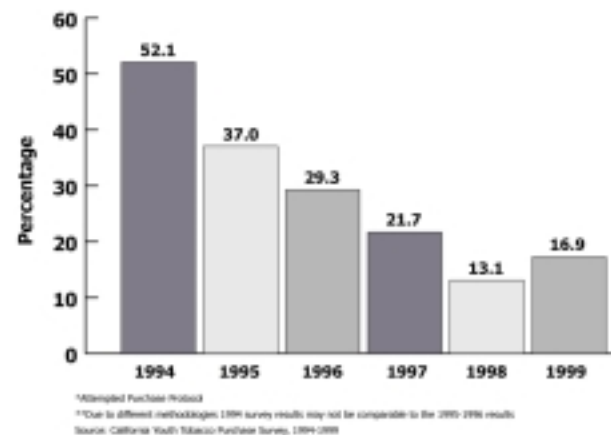
**Figure 9—30-Day Smoking Prevalence among 12th Graders for California and the US minus CA, 1991–1999**



pared to 15% in the rest of the United States. Similarly, the prevalence of smoking among California 12<sup>th</sup> graders dropped 13% compared to a 5% decrease in the rest of the nation since 1997.<sup>20</sup>

Smokeless tobacco use by California youth also trails that seen in most other states. In California 6.9% of boys and 3.4% of girls aged 12–17 reported in 1998 that they had ever used smokeless tobacco.<sup>20</sup>

**Figure 10—Annual Rates of the Illegal Sale of Tobacco Products to Youth**



Fewer stores are selling tobacco to kids. In 1994, 52.1% of stores surveyed illegally sold cigarettes to minors. In 1998 that number plummeted to 13.1% of stores surveyed, then rose to 16.9% in 1999.<sup>21</sup> And, it is now illegal in California to sell tobacco products from any vending machine other than those located in stand-alone bars.

## CALIFORNIANS WANT SMOKEFREE INDOOR AIR

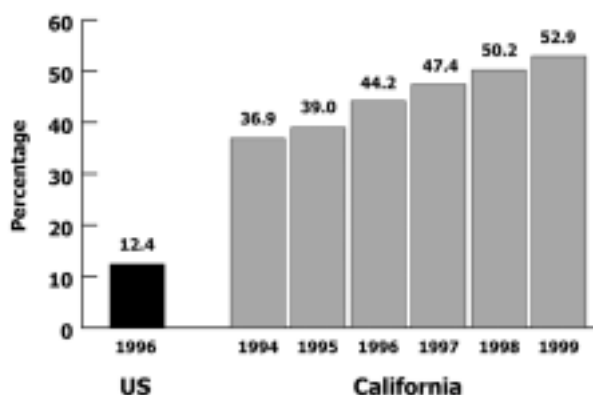
More Californians are protected from environmental tobacco smoke. Hundreds of local ordinances and a statewide smokefree indoor workplace law in 1995 have made California

indoor public places and worksites safer places to be. Virtually all indoor workplaces in California are now smokefree, including restaurants, bars and gaming clubs.

More than 86% of California adults — including 71.4% of smokers — feel that *all* indoor workplaces should be smokefree.<sup>13</sup> California's 890,000 food service employees are now protected from secondhand smoke at their workplaces,<sup>22</sup> and most Californians prefer to eat in smokefree restaurants (87.7%).<sup>13</sup> Two-thirds of bar patrons are concerned about the effect of second-hand smoke on their health.<sup>23</sup> And, despite tobacco industry arguments to the contrary, tax data clearly demonstrate that smoking bans in restaurants and bars have had no adverse impact on revenues.<sup>24, 25</sup>

Fewer California youth are exposed to secondhand smoke at home and at school. In 1994, about one-half of all California residents did not allow smoking in the household (56.5%). By 1999 nearly two-thirds did not allow smoking in the household.<sup>13</sup> Moreover, in 1999 more than half of all California smokers with children under 18 years of age had

**Figure 11—Percent of Smokers with Children Under 18 Who Prohibit Smoking in Their Household**



Sources: US—combined BRFSS data; CA—CATS.  
Prepared by: California Department of Health Services, Tobacco Control Section, December 1998.

established a voluntary policy against smoking in their household.<sup>13</sup> As of 1999, 97% of California school districts have adopted policies prohibiting tobacco use on district grounds and in district vehicles.<sup>16</sup>

## THE TOBACCO INDUSTRY CONTINUES TO PROMOTE YOUTH SMOKING

Tobacco companies invest heavily in marketing campaigns targeting youth. Joe Camel is gone, but teenagers continue to be a primary target of tobacco industry marketing. By increasing its magazine and print advertising, the tobacco industry has been more successful at reaching teenagers after the national tobacco settlement was signed than it was before the settlement.<sup>26</sup>

The companies continue to sponsor community events. In 1998, one in ten large public events in California had some sort of tobacco industry sponsorship or promotional activity, including 86% of rodeos and 31% of sporting and car events.<sup>18</sup>

The modeling of smoking in movies is another powerful contributor to youth smoking. A detailed review of the 50 highest earning movies released each year in 1991–1995 revealed that more than half of the movies included pro-tobacco messages. In fact, PG-rated movies averaged 11 incidents of tobacco use per movie, and PG-13 movies averaged 21 incidents of tobacco use.<sup>27</sup>

The tobacco industry also invests heavily in product placement and marketing at small retail outlets in California, places likely to be visited by youth. More than half of stores surveyed (58%) reported that they had received

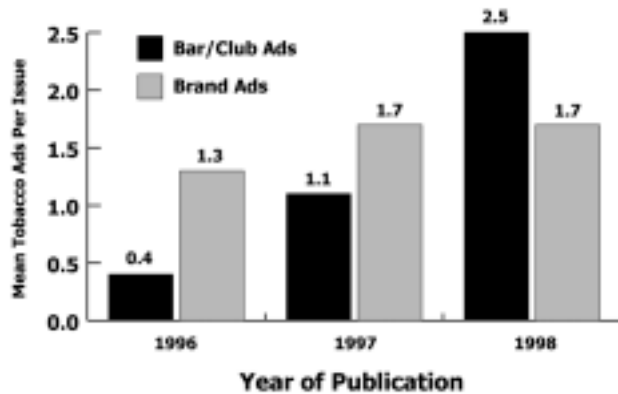


various incentives — such as cash, or free or discounted products — from tobacco companies. In comparison, only 36% and 14.5% reported receiving the same types of incentives from soda or candy companies, respectively.<sup>18</sup>

Also, in California tobacco-sponsored bar and club nights have proliferated. These events serve to link smoking with the young adult night life envied by many youth.<sup>18</sup> Despite restrictions on smoking in bars and clubs, these events are heavily advertised in weekly entertainment newspapers in large cities.<sup>18</sup>

Teens are especially susceptible to tobacco marketing. Repeated exposure to this variety and intensity of tobacco marketing has an impact on youth. Each year approximately 200,000 California youth experiment with cigarette smoking.<sup>18</sup> Children who say they have a favorite tobacco ad and who own a

**Figure 12—Tobacco Brand and Bar Advertisements in Weekly Urban Entertainment Newspapers**



Source: DHS/TCS Data, 1996-1998, n=78 issues from 3 publications

tobacco brand promotional item are more likely to try smoking cigarettes than other children.<sup>28</sup>

## CALIFORNIANS WANT MORE REGULATION OF TOBACCO

Hundreds of youth and adult volunteers participated in the 1995–1997 CTCP “Operation Storefront” campaign. This project was designed to diminish the impact of tobacco advertisements and promotional items at California tobacco retail outlets. In three years the campaign reduced the number of stores with tobacco ads near candy by 13% and the number of stores with tobacco ads located less than four feet off the floor (at the eye-level of children) by 11%.<sup>29</sup>

Support for further regulation of tobacco advertising and promotion has increased

significantly since 1990. Most adults support bans on: advertising (68%); free distribution of tobacco product samples or coupons by mail (76%); tobacco industry sponsorship of sporting or athletic events (71%); and gifts in exchange for coupons on cigarette packs (58%).<sup>13</sup> Even among California youth there is substantial support for further regulation of tobacco marketing.<sup>30</sup> The majority of California adults continue to support a further increase in the cigarette excise tax.<sup>6</sup>

## THE FUTURE

Contrary to the message of its massive public relations campaign, the tobacco industry has not changed its stripes. It continues to spend hundreds of millions of dollars a year on creative marketing of tobacco products to youth and other vulnerable population groups in California. It is profiting now more than ever from the sale of its addictive and deadly products. This has not been changed by the national tobacco settlement. The tobacco industry's answer to the problem of manufac-

turing a product that continues to kill over 400,000 Americans each year is to mount another public relations campaign and to redouble its marketing efforts in magazines and entertainment weeklies, by direct mail and the internet, at points of sale, and with sponsored events in night clubs and bars. It is not by chance that 18- to 24-year-olds now have the highest smoking prevalence of any age group in California. Clearly, this is not the time for public health to relax its efforts.

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